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## APPLICANTS

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*OK mahr.*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/451,902 12/01/1999 PAT 6,620,127

*OK mahr.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none mahr.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/01/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	1	18	2

*Muhom mahr.*  
 Examiner's Signature Initials

## ADDRESS

24201  
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## TITLE

MEDICAL DEVICE BALLOON

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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☐ 1.18 Fees ( Issue )

☐ Other

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